<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-02-2010</u>	Address:	SR 3 & BASELINE RD
Case #:	<u>22-45239</u>	•	AVILLA, IN.
County:	NOBLE		<u>46710</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): CAR			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): <u>CAR</u>			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
			•
☐ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: AVILLA FD	Fax: <u>260-897-3295</u>	
Health Depa	artment: NOBLE CO.	Fax: <u>260-6</u> Fax:	
Child Protect	ction Service:	_ *****	•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone <u>260-432-8661</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.